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TO: Phyllis Spivack

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FROM: Ellen Coletti

TELEPHONE: 732-524-2359

ROOM NO.: WH3236

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NUMBER OF PAGES INCLUDING THIS COVER SHEET 13

IF THERE IS A PROBLEM WITH THIS TRANSMISSION, PLEASE CALL
Beth Cofone at 732-524-1154

Dear Examiner Spivack:

Re: ORT-1583 S/N 10/081,713

Please find enclosed a copy of the response (including extension of time and postcard) to the Office Action dated September 12, 2003, which was mailed on March 10, 2004.

Regards,

Ellen Coletti
Ellen Ciabrone Coletti

THIS MESSAGE IS INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE SOLELY TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE

Serial No. 10/081,713 Docket No. OK 1588 By ECC
Application of: Carlos Plata Salaman Mailed: 3/10/04
Entitled: CARBAMATE COMPOUNDS FOR USE IN PREVENTING
OR TREATING ANXIETY DISORDERS

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE STAMPED HEREON:

- | | |
|---|---|
| <input type="checkbox"/> Oath or Declaration | <input type="checkbox"/> MPEP 609/ |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Notice of Appeal |
| <input checked="" type="checkbox"/> Charge to Deposit Account 10-0750 | <input type="checkbox"/> Brief |
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Priority Document |
| <input checked="" type="checkbox"/> Extension of Time <u>3 months</u> | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Issue Fee Transmittal | <input type="checkbox"/> Sequence Listings/Diskette |
| <input type="checkbox"/> PCT Filing | <input type="checkbox"/> Biological Deposit Declaration |
| <input type="checkbox"/> IDS-Form 1449 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drawings <u> </u> sheets | |

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